



**TOWN OF GRAND BANK
BUSINESS PERMIT APPLICATION**

BUILDING INFORMATION

Building Address	_____
Owner of Building	_____ Phone Number _____
Previous Tenant	_____ Date Vacated _____

BUSINESS INFORMATION

Legal Entity Name of Business	_____	
Trade Name of Business	_____	
_____ Limited Company	_____ Incorporated Company	_____ Sole Proprietor
Mailing Address of Business	_____	_____
Phone Number	_____	Fax Number _____
Type of Business	_____	_____
Proposed Date of Occupancy	_____	_____
Contact Person	_____	_____

An Occupancy Permit is Required before the start of business.

BUSINESS OWNER INFORMATION

Principle Owner/s of Business	_____
	(Please Print)
Principle Owner/s Signature	_____

Dated at _____ this _____ day of _____ 20 _____